

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033778

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1053

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph,

Length of stay in lb  
46 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2510 Pear Street

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

ROY

STEVENS

DOAN, SR.

## 4. DATE OF DEATH

Month

Day

Year

September 15 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Sept. 19, 1896

## 9. AGE (last birthday)

65

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Forman

## 10b. KIND OF BUSINESS OR INDUSTRY

Western Tablet Co.

## 11. BIRTHPLACE (City and state or country)

Slater, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Robert Lee Doan

## 13b. MOTHER'S MAIDEN NAME

Georgella Johnson

## 14. NAME OF HUSBAND OR WIFE

Marjorie Doan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Marjorie Doan-St. Joseph, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Cerebral Embolus

## INTERVAL BETWEEN ONSET AND DEATH

10 minutes

### CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

Due to (b) Atrial Thrombus

unknown

### Due to (c)

Myocardial Infarction

4 days

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

12 Sept 1962 to 15 Sept 1962 and last saw her live on 15 Sept 1962

Death occurred at 2:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

1302 Faraon St Joseph Mo

## 22c. DATE SIGNED

9/17/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 17, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Sept. 19, 1962

## 26. REGISTRAR'S SIGNATURE

Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H.A. Curran, M.D.

Permit issued 9/17/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond W. Tracy

Licensed Embalmer No. 5147

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.